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SECRETARY OF STATE

**S. HAWKES**0CT **2** 6 2009 **EXAMINER** 



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October 22, 2009

Florida Department of State Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Dear Sir or Madam:

Enclosed please find a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Certificate of Existence and Check #72947 in the amount of \$130.00 to cover the cost of filing the documents.

If you have any questions please do not hesitate to contact me.

BMS:kjw/I \AERL\Florida\10-22-09 DeptStateLtr wpd Enclosure

### **COVER LETTER**

	stration Section ion of Corporations	
SUBJECT:	AERL, L.C.	
		me of Limited Liability Company)
Florida," Cei		imited Liability Company for Authorization to Transact Business in neck are submitted to register the above referenced foreign limited Florida
Please return	all correspondence concern	ning this matter to the following:
	B. MacPaul Stanfield	
	<del></del> .	(Name of Person)
	Whitfield & Eddy, P.L	
		(Firm/Company)
	317 Sixth Ave. Suite 1	200
		(Address)
	Des Moines, Iowa 503	09
		(City/State and Zip Code)
For further in	formation concerning this r	natter, please call:
Mac	Stanfield	et ( 515 ) 246-5570
-	(Name of Person)	at (515) 246-5570  (Area Code & Daytime Telephone Number)
MAILING ADDRESS:		STREET ADDRESS:
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	check for the following am 5,00 Filing Fee S\$130,00 Fi C	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AERL, L.C.  (Name of Foreign Limited Liability Company; must incli	ude "Limited Liability Company," "L.L.C.," or "LLC.")
· ·	
f name unavailable, enter alternate name adopted for the purponsent of the managers or managing members adopting the alteompany," "L.L.C.," "LLC.")	ose of transacting business in Florida and attach a copy of the writternate name. The alternate name must include "Limited liability"
Iowa	3. 27-0413288
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
October 1, 2009	
(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	orida, if prior to registration.) 3. to determine penalty liability)
5000 Westown Parkway	
West Des Moines, Iowa 50266	
	of Principal Office)
. If limited liability company is a manager-managed	i company, check here 🛛
The name and usual business addresses of the mar	naging members or managers are as follows:
American Equity Investment Life Insurance	
5000 Westown Parkway	
West Des Moines, Iowa 50266	
<ol> <li>Attached is an original certificate of existence, no more than 90 be jurisdiction under the law of which it is organized. (A photocop anslation of the certificate under oath of the translator must be sub</li> </ol>	
Nature of business or purposes to be conducted or	or promoted in Florida: Commercial Real Estate
Ownership.	
Om les	0.0
(In accordance with section 608.408(3),	uthorized representative of a member. F.S., the execution of this document constitutes right that the facts stated herein are true.)
, ,	VP of Managing Member

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

FLORIDA.
1. The name of the Limited Liability Company is:
AERL, L.C.
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Corporation Service Company
(Name)
1201 Hays Street
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  Corporation Service Company  BY: Mauly Clly  (Signature)
0.100.00 1731 17 6 1 12 4

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### **IOWA SECRETARY OF STATE MICHAEL A. MAURO**



Date: 10/22/2009

#### **CERTIFICATE OF EXISTENCE**



Name: AERL, L.C. (489DLC - 381987) Date of Incorporation: 6/10/2009

**Duration: PERPETUAL** 

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS34123

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.la.us/ValidateCertificate